

Apr 21 07:01:53p

1 Stop Shipping Shop

513-423-9488

CONFIDENTIAL¹²

Form 1040

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return 1999

(P)

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 1999, or other tax year beginning

1999, ending

OMB No. 1545-0074

Label

(See instructions on page 18.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign (See page 18.)

LABEL HERE

Your first name and initial

RONALD E.

Last name

SLOAN

Your social security number

If a joint return, spouse's first name and initial

Teresa S.

Last name

SLOAN

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 18.

706 Weyner St.

Apt. no.

20

City, town or post office, state, and ZIP code. If you have a foreign address, see page 18.

Medetown, OH, 45042

IMPORTANT!
You must enter your SSN(s) above.

Yes	No	Note. Checking "Yes" will not change your tax or reduce your refund.
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	

Do you want \$3 to go to this fund?

If a joint return, does your spouse want \$3 to go to this fund?

Filing Status

Check only one box.

- 1 ☐ Single
- 2 ☒ Married filing joint return (even if only one had income)
- 3 ☐ Married filing separate return: Enter spouse's social security no. above and full name here. ▶
- 4 ☐ Head of household (with qualifying person). (See page 18.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
- 5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 18.)

Exemptions

If more than six dependents, see page 19.

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.b ☒ Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ If qualifying child for child tax credit (see page 19)

SLOAN, R

CHILD

No. of boxes checked on 6a and 6b

No. of your children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 19)

Dependents on 6c not entered above

Add numbers entered on lines above ▶

d Total number of exemptions claimed

Income

Attach Copy B of your Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 20.

Enclose, but do not staple, any payment. Also, please use Form 1040-V.

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2.
- 8a Taxable interest. Attach Schedule B if required
- b Tax-exempt interest. DO NOT include on line 8a. 8b
- 9 Ordinary dividends. Attach Schedule B if required
- 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 21)
- 11 Alimony received
- 12 Business income or (loss). Attach Schedule C or C-EZ
- 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐
- 14 Other gains or (losses). Attach Form 4797
- 15a Total IRA distributions 15a b Taxable amount (see page 22)
- 16a Total pensions and annuities 16a b Taxable amount (see page 22)
- 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
- 18 Farm income or (loss). Attach Schedule F
- 19 Unemployment compensation
- 20a Social security benefits 20a b Taxable amount (see page 24)
- 21 Other income. List type and amount (see page 24)
- 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶

Adjusted Gross Income

- 23 IRA deduction (see page 26) 23
- 24 Student loan interest deduction (see page 26) 24
- 25 Medical savings account deduction. Attach Form 8853 25
- 26 Moving expenses. Attach Form 3903 26
- 27 One-half of self-employment tax. Attach Schedule SE 27
- 28 Self-employed health insurance deduction (see page 28) 28
- 29 Keogh and self-employed SEP and SIMPLE plans 29
- 30 Penalty on early withdrawal of savings 30
- 31a Alimony paid b Recipient's SSN ▶ 31a
- 32 Add lines 23 through 31a 32
- 33 Subtract line 32 from line 22. This is your adjusted gross income ▶ 33

7	64325
8a	10
9	
10	
11	
12	
13	
14	
15b	
16b	
17	
18	
19	
20b	
21	
22	69378
23	
24	
25	
26	
27	
28	
29	
30	
31a	
32	
33	44378

DEFENDANT'S EXHIBIT

SLOAN-12
du 4-24-07

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 54.

Cat No. 12599G

Form 1040 (1999)

SLOAN 0001
BERT V. AK STEEL

Apr 21 07 01:53p 1 Stop Shipping Shop

513-423-9488

P. 13

CONFIDENTIAL

Page 2

Form 1040 (1999)

Tax and Credits

Standard Deduction for Most People

Single: \$4,300
Head of household: \$6,350
Married filing jointly or Qualifying widow(er): \$7,200
Married filing separately: \$3,600

- 34 Amount from line 33 (adjusted gross income) 34 14873
- 35a Check if ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind. Add the number of boxes checked above and enter the total here. 35a
- 35b If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see page 30 and check here. 35b ☐
- 36 Enter your itemized deductions from Schedule A, line 28, OR standard deduction shown on the left. But see page 30 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent. 36 7300
- 37 Subtract line 36 from line 34. 37 57478
- 38 If line 34 is \$94,975 or less, multiply \$2,750 by the total number of exemptions claimed on line 6d. If line 34 is over \$94,975, see the worksheet on page 31 for the amount to enter. 38 8250
- 39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-. 39 54928
- 40 Tax (see page 31). Check if any tax is from a ☐ Form(s) 8814 b ☐ Form 4972 40 9783
- 41 Credit for child and dependent care expenses. Attach Form 2441 41 3552
- 42 Credit for the elderly or the disabled. Attach Schedule R. 42
- 43 Child tax credit (see page 33) 43 500
- 44 Education credits. Attach Form 8863 44
- 45 Adoption credit. Attach Form 8839 45
- 46 Foreign tax credit. Attach Form 1116 if required. 46
- 47 Other. Check if from a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form (specify) 47
- 48 Add lines 41 through 47. These are your total credits. 48 1258
- 49 Subtract line 48 from line 40. If line 48 is more than line 40, enter -0-. 49 5425

Other Taxes

- 50 Self-employment tax. Attach Schedule SE. 50
- 51 Alternative minimum tax. Attach Form 6251. 51
- 52 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137. 52
- 53 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required. 53
- 54 Advance earned income credit payments from Form(s) W-2. 54
- 55 Household employment taxes. Attach Schedule H. 55
- 56 Add lines 49 through 55. This is your total tax. 56 5425

Payments

- 57 Federal income tax withheld from Forms W-2 and 1099. 57 8300
- 58 1999 estimated tax payments and amount applied from 1998 return. 58
- 59a Earned income credit. Attach Sch. EIC if you have a qualifying child. 59a
- b Nontaxable earned income: amount and type. 59b
- 60 Additional child tax credit. Attach Form 8812. 60
- 61 Amount paid with request for extension to file (see page 48). 61
- 62 Excess social security and RRTA tax withheld (see page 48). 62
- 63 Other payments. Check if from a ☐ Form 2439 b ☐ Form 4136. 63
- 64 Add lines 57, 58, 59a, and 60 through 63. These are your total payments. 64 8805

Refund

- 65 If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you OVERPAID. 65 2130
- 66a Amount of line 65 you want REFUNDED TO YOU. 66a 3380

Have it directly deposited! See page 48 and fill in 66b, 66c, and 66d.

- b Routing number c Type: ☐ Checking ☐ Savings
- d Account number
- 67 Amount of line 65 you want APPLIED TO YOUR 2000 ESTIMATED TAX. 67

Amount You Owe

- 68 If line 56 is more than line 64, subtract line 64 from line 56. This is the AMOUNT YOU OWE. For details on how to pay, see page 49. 68
- 69 Estimated tax penalty. Also include on line 68. 69

Sign Here

Joint return? See page 18. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature *[Signature]* Date 4-4-00 Your occupation Research Assoc. Daytime telephone number (optional)

Spouse's signature *[Signature]* Date 4-4-00 Spouse's occupation Art Controller

Paid Preparer's Use Only

Preparer's signature *[Signature]* Date *[Date]* Check if self-employed ☐ Preparer's SSN or PTIN

Firm's name (or yours if self-employed) and address EIN ZIP code

Form 1040 (1999)

Printed on recycled paper

SLOAN 0002
BERT V. AK STEEL

Apr 21 07 01:54p 1 Stop Shipping Shop

513-423-9488

p.14

CONFIDENTIAL

Copy C for EMPLOYEE'S Records (See Notice on Back).		1999 OMB No. 1545-0008	
9 Advance EIC payment	1 Wages, tips, other compensation 45577.88	2 Federal income tax withheld 6441.58	
10 Dependent care benefits	3 Social security wages 45580.60	4 Social security tax withheld 2826.00	
11 Employee's social security no.	5 Medicare wages and tips 45580.60	6 Medicare tax withheld 660.92	
12a Employer's EIN no., name, address, and ZIP code 31-0411980 THE PROCTER & GAMBLE CO. ONE PROCTER & GAMBLE PLAZA CINCINNATI, OHIO 45202		13 See Instrs. for Box 13 C 55.08 D 2.72	
12b Employee's name, address, and ZIP code 01138226 R E SLOAN, JR. 206-2A WEBSTER ST. MIDDLETOWN OH 45042		14 Other	
15 Deceased <input type="checkbox"/> Pension Plan <input checked="" type="checkbox"/> Deferred comp <input checked="" type="checkbox"/>			
16/19 State or Locality	Employer's State I.D. #	17/20 State or Local wages	18/21 State or Local tax
OHIO	51-060340 0	45522.80	1768.10
BLUE ASH	00584-W	46227.87	462.26

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service.

SLOAN 0003
BERT V. AK STEEL

Apr 21 07 01:54p 1 Stop Shipping Shop

513-423-9488

p.15

CONFIDENTIAL

Department of the Treasury — Internal Revenue Service

Form 1040 U.S. Individual Income Tax Return 2000 (99) IRS use only — Do not write or staple in this space.

For the year Jan 1-Dec 31, 2000, or other tax year beginning 2000, ending 20 OMB No. 1545-0074

Label (See instructions.) Your First Name MI Last Name Your Social Security Number
Use the IRS label. Otherwise, please print or type.
 Ronald E Sloan, Jr.
 If a joint return, Spouse's First Name MI Last Name Spouse's Social Security Number
 Trica S Sloan
 Home Address (number and street). If You Have a P.O. Box, See instructions. Apartment No.
 206 Webster 2a
 City, Town or Post Office. If You Have a Foreign Address, See instructions. State ZIP Code
 Middletown OH 45042-0000

Presidential Election Campaign (See instructions.) Note: Checking 'Yes' will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? You ☐ Yes ☒ No Spouse ☐ Yes ☒ No

Filing Status Check only one box.
 1 ☐ Single
 2 ☒ Married filing joint return (even if only one had income)
 3 ☐ Married filing separate return. Enter spouse's SSN above & full name here.
 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here
 5 ☐ Qualifying widow(er) with dependent child (year spouse died >). (See instructions.)

Exemptions
 6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a No. of boxes checked on 6a and 6b 2
 b ☒ Spouse No. of your children on 6c who:
 c Dependents:
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ If qualifying child for child tax credit (see instructions) ☐ did not live with you due to divorce or separation (see instructions)
 Sloan Son ☒
 Dependents on 6c not entered above
 Add numbers entered on lines above 3
 d Total number of exemptions claimed 3

Income Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld. If you did not get a W-2, see instructions.
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 70,327.
 8a Taxable interest. Attach Schedule B if required 8a 7.
 b Tax-exempt interest. Do not include on line 8a 8b
 9 Ordinary dividends. Attach Schedule B if required 9
 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10
 11 Alimony received. 11
 12 Business income or (loss). Attach Schedule C or C-EZ 12
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13
 14 Other gains or (losses). Attach Form 4797 14
 15a Total IRA distributions 15a b Taxable amount (see instrs) 15b
 16a Total pensions & annuities 16a b Taxable amount (see instrs) 16b 3,870.
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17
 18 Farm income or (loss). Attach Schedule F 18
 19 Unemployment compensation 19
 20a Social security benefits 20a b Taxable amount (see instrs) 20b
 21 Other income. List type & amount (see instrs) 21
 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 74,204.

Adjusted Gross Income
 23 IRA deduction (see instructions) 23
 24 Student loan interest deduction (see instructions) 24
 25 Medical savings account deduction. Attach Form 8853 25
 26 Moving expenses. Attach Form 3903 26
 27 One-half of self-employment tax. Attach Schedule SE 27
 28 Self-employed health insurance deduction (see instructions) 28
 29 Self-employed SEP, SIMPLE, and qualified plans 29
 30 Penalty on early withdrawal of savings 30
 31a Alimony paid b Recipient's SSN 31a
 32 Add lines 23 through 31a 32
 33 Subtract line 32 from line 22. This is your adjusted gross income 33 74,204.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form 1040 (2000)

SLOAN 0004
BERT V. AK STEEL

Apr 21 07 01:55p 1 Stop Shipping Shop

513-423-9488

p.16

CONFIDENTIAL

Form 1040 (2000)		Ronald E Sloan, Jr. & Trica S Sloan		Page 2	
		34	Amount from line 33 (adjusted gross income)	74,204.	
Tax and Credits		35a	Check if: <input type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind, <input type="checkbox"/> Spouse was 65/older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	35a	
		35b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here	35b	
		36	Enter your itemized deductions from Schedule A, line 28, or standard deduction shown on the left. But see instructions to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent	7,350.	
		37	Subtract line 36 from line 34	66,854.	
		38	If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d. If line 34 is over \$96,700, see the worksheet in the instructions for the amount to enter	8,400.	
		39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	58,454.	
		40	Tax (see instrs). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	10,673.	
		41	Alternative minimum tax. Attach Form 6251		
		42	Add lines 40 and 41	10,673.	
		43	Foreign tax credit. Attach Form 1116 if required		
		44	Credit for child and dependent care expenses. Attach Form 2441	480.	
		45	Credit for the elderly or the disabled. Attach Schedule R		
		46	Education credits. Attach Form 8863		
		47	Child tax credit (see instructions)	500.	
		48	Adoption credit. Attach Form 8839		
		49	Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)		
		50	Add lines 43 through 49. These are your total credits	980.	
		51	Subtract line 50 from line 42. If line 50 is more than line 42, enter -0-	9,693.	
Other Taxes		52	Self-employment tax. Attach Schedule SE		
		53	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		
		54	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required	No	
		55	Advance earned income credit payments from Form(s) W-2		
		56	Household employment taxes. Attach Schedule H		
		57	Add lines 51-56. This is your total tax	10,080.	
Payments		58	Federal income tax withheld from Forms W-2 and 1099	9,814.	
		59	2000 estimated tax payments and amount applied from 1999 return		
		60a	Earned income credit (EIC)		
		60b	Non-taxable earned income: amount and type		
		61	Excess social security and RRTA tax withheld (see instrs)		
		62	Additional child tax credit. Attach Form 8812		
		63	Amount paid with request for extension to file (see instructions)		
		64	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136		
		65	Add lines 58, 59, 60a, and 61 through 64. These are your total payments	9,814.	
Refund		66	If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid		
		67a	Amount of line 66 you want refunded to you		
		67b	Routing number		
		67c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
		67d	Account number		
		68	Amount of line 66 you want applied to your 2001 estimated tax		
Amount You Owe		69	If line 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe. For details on how to pay, see instructions	266.	
		70	Estimated tax penalty. Also include on line 69		
Sign Here		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
		Preparer's Signature	Date	Your Occupation	Daytime Phone Number
		Spouse's Signature, if a Joint Return, Both Must Sign	Date	researcher	
				office manager	
				May the IRS discuss this return with the preparer shown below (see instructions)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preparer's Use Only		Preparer's Signature	Date	Check if self-employed	Preparer's SSN or PTIN
		Firm's Name (or yours if self-employed), Address, and ZIP Code	Self-prepared		
		EIN	Phone No.		

SLOAN 0005
BERT V. AK STEEL

Apr 21 07:01:55p 1 Stop Shipping Shop

513-423-9488

P.17

2000 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2000 pay stub plus any adjustments submitted by your employer.

Gross Pay	1292.25	Social Security Tax Withheld Box 4 of W-2	80.12	OH. State Income Tax Box 18 of W-2	25.21
Fed. Income Tax Withheld Box 2 of W-2	113.21	Medicare Tax Withheld Box 6 of W-2	18.74	Local Income Tax Box 21 of W-2	12.91
				SUI/SDI Box 14 of W-2	

2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	OH. State Wages, Tips, Etc. Box 17 of W-2	BLUE ASH Local Wages, Tips, Etc. Box 20 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
Gross Pay	1,292.25	1,292.25	1,292.25	1,292.25	1,292
Reported W-2 Wages	1,292.25	1,292.25	1,292.25	1,292.25	1,292

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll department.

RONALD E SLOAN JR
206-2A WEBSTER ST
MIDDLETOWN, OH 45042

Social Security Number: 289-52-6230
Taxable Marital Status: MARRIED

Exemptions/Allowances:

FEDERAL: 0
STATE: 0
LOCAL: 0

© 2000 AUTOMATIC DATA PROCESSING, INC.

Join the 40 million Americans who will e-file their income tax returns this year! Visit www.irs.gov for details.

Wages, tips, other comp. 1292.25	2 Federal income tax withheld 113.21
Social security wages 1292.25	4 Social security tax withheld 80.12
Medicare wages and tips 1292.25	6 Medicare tax withheld 18.74
Control Number 0060 YYM	Dept. Emp. Employer use only 28
Employer's name, address, and ZIP code IRLINGTON NATIONAL MORTGAGE B 1305 REED HARTMAN SUITE 112 CINCINNATI, OH 45241 092	
Employer's FED ID number 31-1554805	d Employer's EIN
Social security tips	8 Advance EIC payment
Advance EIC payment	10 Dependent care benefits
Nonqualified plans	12 Benefits included in box 1
See instructions for box 13	14 Other
State comp. Decrement Pension plan Legal rep. Deferral comp.	
Employee's name, address, and ZIP code RONALD E SLOAN JR 206-2A WEBSTER ST MIDDLETOWN, OH 45042	
State Employer's state ID no. OH 52-427597	17 State wages, tips, etc. 1292.25
State income tax 25.26	19 Locality name BLUE ASH
Local wages, tips, etc. 1292.25	21 Local income tax 12.92
Employee Reference Copy N-2 Wage and Tax Statement 2000 OMB No. 1545-0045	

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service.

Copy C for EMPLOYEE'S RECORDS		2000 OMB No. 1545-0045	
9 Advance EIC payment	1 Wages, tips, other compensation 45585.43	2 Federal income tax withheld 6626.45	
10 Dependent care benefits	3 Social security wages 45587.33	4 Social security tax withheld 2826.41	
11 Employee's social security no. 45587.33	5 Medicare wages and tips 45587.33	6 Medicare tax withheld 661.02	
12 Employer's ID no., name, address, and ZIP code 31-0411980 THE PROCTER & GAMBLE CO. ONE PROCTER & GAMBLE PLAZA CINCINNATI, OHIO 45202	13 See instructions for box 13 C D 59.00 1.90	14 Other	
15 Decrement Pension plan Deferral comp. 16/19 State or Locality OHIO 51-060340 0	Employer's State ID # 17/20 State or Locality wages 45526.43	18/21 State or Locality tax 1783.00	
BLUE ASH 00584-N	46336.40	463.31	

CONFIDENTIAL

SLOAN 0006
BERT V. AK STEEL

Apr 21 07 01:55p

1 Stop Shipping Shop

513-423-9488

p.18

CONFIDENTIAL

Form 1040 Department of the Treasury—Internal Revenue Service **2001** (L) IRS Use Only—Do not write or staple in this space.

OMB No. 1545-0074

Label (See instructions on page 19.) Use the IRS label. Otherwise, please print or type.

For the year Jan. 1–Dec. 31, 2001, or other tax year beginning 2001, ending 20

Your first name and initial RONALD E. JR. **Last name** SLOAN

Your social security number

If a joint return, spouse's first name and initial TRICA S. **Last name** SLOAN

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 19. 206-2A WEBSTER STREET **Apt. no.**

City, town or post office, state, and ZIP code. If you have a foreign address, see page 19. MIDDELTOWN, OH 45042

Presidential Election Campaign (See page 19.) **Note.** Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? (L) **You** ☐ Yes ☒ No **Spouse** ☐ Yes ☒ No

Filing Status

1 ☐ Single

2 ☒ Married filing joint return (even if only one had income)

3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. ▶

4 ☐ Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶). (See page 19.)

Check only one box.

Exemptions

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a

b ☒ Spouse

c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 20)
	SLOAN		CHILD	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than six dependents, see page 20.

No. of boxes checked on 6a and 6b 2

No. of your children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above

Add numbers entered on lines above 3

d **Total number of exemptions claimed**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a **Taxable interest.** Attach Schedule B if required

b **Tax-exempt interest.** Do not include on line 8a 8b

9 Ordinary dividends. Attach Schedule B if required

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

14 Other gains or (losses). Attach Form 4797

15a **Total IRA distributions** 15a b **Taxable amount** (see page 23) 15b

16a **Total pensions and annuities** 16a b **Taxable amount** (see page 23) 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a **Social security benefits** 20a b **Taxable amount** (see page 25) 20b

21 Other income. List type and amount (see page 27)

22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶

Adjusted Gross Income

23 IRA deduction (see page 27) 23

24 Student loan interest deduction (see page 28) 24

25 Archer MSA deduction. Attach Form 8853 25

26 Moving expenses. Attach Form 3903 26

27 One-half of self-employment tax. Attach Schedule SE 27

28 Self-employed health insurance deduction (see page 30) 28

29 Self-employed SEP, SIMPLE, and qualified plans 29

30 Penalty on early withdrawal of savings 30

31a Alimony paid b Recipient's SSN ▶ 31a

32 Add lines 23 through 31a 32

33 Subtract line 32 from line 22. This is your adjusted gross income ▶ 33

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 72. Cat. No. 12500W **Form 1040 (2001)**

SLOAN 0007
BERT V. AK STEEL

Apr 21 07 01:56p

1 Stop Shipping Shop

513-423-9488

P. 19

CONFIDENTIAL

Form 1040 (2001)

Page 2

Tax and Credits**Standard Deduction for—**

• People who checked any box on line 35a or 35b or who can be claimed as a dependent, see page 31.

• All others:

Single,
\$4,550

Head of household,
\$6,650

Married filing jointly or Qualifying widow(er),
\$7,600

Married filing separately,
\$3,800

34 Amount from line 33 (adjusted gross income)

35a Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind. Add the number of boxes checked above and enter the total here. ▶ 35ab If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 31 and check here. ▶ 35b ☐

36 Itemized deductions (from Schedule A) or your standard deduction (see left margin).

37 Subtract line 36 from line 34

38 If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet on page 32

39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-

40 Tax (see page 33). Check if any tax is from a ☐ Form(s) 8814 b ☐ Form 4972

41 Alternative minimum tax (see page 34). Attach Form 6251

42 Add lines 40 and 41

43 Foreign tax credit. Attach Form 1116 if required

44 Credit for child and dependent care expenses. Attach Form 2441

45 Credit for the elderly or the disabled. Attach Schedule R

46 Education credits. Attach Form 8863

47 Rate reduction credit. See the worksheet on page 36

48 Child tax credit (see page 37)

49 Adoption credit. Attach Form 8839

50 Other credits from: a ☐ Form 3800 b ☐ Form 8396c ☐ Form 8801 d ☐ Form (specify)

51 Add lines 43 through 50. These are your total credits

52 Subtract line 51 from line 42. If line 51 is more than line 42, enter -0-

Other Taxes

53 Self-employment tax. Attach Schedule SE

54 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137

55 Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required

56 Advance earned income credit payments from Form(s) W-2

57 Household employment taxes. Attach Schedule H

58 Add lines 52 through 57. This is your total tax

Payments

59 Federal income tax withheld from Forms W-2 and 1099

60 2001 estimated tax payments and amount applied from 2000 return

61a Earned income credit (EIC)

b Nontaxable earned income [61b]

62 Excess social security and RRTA tax withheld (see page 51)

63 Additional child tax credit. Attach Form 8812

64 Amount paid with request for extension to file (see page 51)

65 Other payments. Check if from a ☐ Form 2439 b ☐ Form 4136

66 Add lines 59, 60, 61a, and 62 through 65. These are your total payments

Refund

Direct deposit? See page 51 and fill in 68b, 68c, and 68d.

67 If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid

68a Amount of line 67 you want refunded to you

b Routing number

d Account number

c Type: ☐ Checking ☐ Savings

69 Amount of line 67 you want applied to your 2002 estimated tax

Amount You Owe

70 Amount you owe. Subtract line 66 from line 58. For details on how to pay, see page 52

71 Estimated tax penalty. Also include on line 70

Third Party DesigneeDo you want to allow another person to discuss this return with the IRS (see page 53)? ☐ Yes. Complete the following. ☒ No

Designee's name

Phone no.

Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See page 19. Keep a copy for your records.

Your signature

Date

Your occupation

Daytime phone number

Spouse's signature (If joint return, both must sign)

Date

Spouse's occupation

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN

Paid Preparer's Use Only

Firm's name (or yours if self-employed), address, and ZIP code

EIN

Phone no.

Form 1040 (2001)

Apr 21 07 01:57p

1 Stop Shipping Shop

513-423-9488

p.20

CONFIDENTIAL

Copy C for EMPLOYEE'S Records (See Notice on Back).			OMB No. 1545-0008
9 Advance EIC payment	1 Wages, tips, other compensation	2 Federal income tax withheld	
	56609.76	10536.13	
10 Dependent care benefits	3 Social security wages	4 Social security tax withheld	
	56609.76	3509.81	
5 Employee's social security no.	6 Medicare wages and tips	6 Medicare tax withheld	
	56609.76	820.84	
b. Employer's EIN no., name, address, and ZIP code		12 See Instrs. for Box 12	
31-0411980 THE PROCTER & GAMBLE CO. TWO PROCTER & GAMBLE PLAZA CINCINNATI, OHIO 45202		C 109.93	
c. Employee's name, address, and ZIP code		14 Other	
01138226 R E SLOAN, JR 206-2A WEBSTER ST. MIDDLETOWN OH 45042			
13 Statutory Employee	Retirement Plan	Third Party Sick-Pay	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15/20 State or Locality	Employer's State I.D. #	16/18 State or Local wages	17/19 State or Local tax
OHIO	51-060340	56499.83	2476.06
BLUE ASH	00584-W	57530.08	575.21

Form W-2 2001 Wage and Tax Statement Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

SLOAN-0009
BERT V. AK STEEL

Apr 21 07 01:57p

1 Stop Shipping Shop

513-423-9488

p.21

CONFIDENTIAL

Form 1099-R		<input type="checkbox"/> CORRECTED (if checked)	OMB No. 1545-0119 2001
1 Gross distribution		2a Taxable amount	
10,863.76		10,863.76	
2b Taxable amount not determined		Total distribution <input checked="" type="checkbox"/> X	
PAYER'S name, street address, city, state, and ZIP code			

Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing
Plans, IRAs,
Insurance
Contracts, etc.

AMERICAN CENTURY SERVICES CORP FOR
THE P&G PROFIT SHARING TRUST &
EMPLOYEE STOCK OWNERSHIP PLAN
PO BOX 419784
KANSAS CITY, MO 64141-6784

PAYER'S Federal identification number 43-6389220		RECIPIENT'S identification number	
3 Capital gain (included in box 2a)	4 Federal income tax withheld	5 Employee contributions or insurance premiums	
0.00	2,172.75	0.00	
6 Net unrealized appreciation in employer's securities	7 Distribution code	8 Other	%
0.00	1	0.00	
9a Your percentage of total distribution		9b Total employee contributions	
RECIPIENT'S name and street address (incl. apt. no.), city, state and ZIP code			

RONALD E SLOAN JR
206-2A WEBSTER ST.
MIDDLETOWN, OH 45042

Account number (optional)		10 State tax withheld
		0.00
11 State/Payer's state no.		12 State distribution
OH 523043883		
13 Local tax withheld	14 Name of locality	15 Local distribution

Copy C For Recipient's Records

Department of the Treasury
Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

SLOAN 0010
BERT V AK STEEL

Apr 21 07 01:58p

1 Stop Shipping Shop

513-423-9488

p.22

CONFIDENTIAL

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Ordinary dividends \$ 77.58		OMB No. 1545-0110 Copy for Recipient 1099-DIV	Dividends and Distributions
AMERICAN CENTURY SERVICES CORP FOR THE P&G PROFIT SHARING TRUST & EMPLOYEE STOCK OWNERSHIP PLAN PO BOX 419784 KANSAS CITY MO 64141-6478		2a Total capital gain distr. \$ 0.00			
PAYER'S Federal identification number 43-6389220		2b 28% rate gain 0.00			
RECIPIENT'S name, street address (incl. apt. no.), city, state, and ZIP code		2c Qualified 5-year gain \$ 0.00			
RONALD E SLOAN JR 206-2A WEBSTER ST. MIDDLETOWN, OH 45042		2d Section 1202 gain \$ 0.00		2d Unrecap. sec. 1250 gain \$ 0.00	
Account number (optional) 1-800-345-2345		3 Nontaxable distributions		3 Nontaxable distributions	
Form 1099-DIV		4 Federal income tax withheld \$ 0.00		5 Investment expenses \$ 0.00	
16-0331690		6 Foreign tax paid \$ 0.00		7 Foreign country or U.S. possession \$ 0.00	
(Keep for your records.)		8 Cash liquidation distr. \$ 0.00		9 Noncash liquidation distr. \$ 0.00	
Department of the Treasury - Internal Revenue Service				This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	

SLOAN 0011
BERT V. AK STEEL

Apr 21 07 01:58p

1 Stop Shipping Shop

513-423-9488

P.24

CONFIDENTIAL

Form 1040

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return 2002 (L)

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2002, or other tax year beginning

, 2002, ending

, 20

OMB No. 1545-0074

Label

See instructions on page 21.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign (See page 21.)

LABEL HERE

Your first name and initial

RONALD E.

Last name

SLOAN

If a joint return, spouse's first name and initial

JAMES S.

Last name

SLOAN

Home address (number and street). If you have a P.O. box, see page 21.

206 WEBSTER ST.

ApL no.

2A

City, town or post office, state, and ZIP code. If you have a foreign address, see page 21.

MIDDLETOWN, OH 45042

Your social security number

Spouse's social security number

Important!

You must enter your SSN(s) above.

You Spouse

☐ Yes ☒ No ☐ Yes ☒ No

Filing Status

Check only one box.

- 1 ☐ Single
- 2 ☒ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
- 4 ☐ Head of household (with qualifying person). (See page 21.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
- 5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶). (See page 21.)

Exemptions

If more than five dependents, see page 22.

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6ab ☒ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 22)
	SLOAN		CHILD	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

No. of boxes checked on 6a and 6b

2

No. of children on 6c who:

1

Dependents on 6c not entered above

Add numbers on lines above ▶

3

d Total number of exemptions claimed

Income

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 23.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2
- 8a Taxable interest. Attach Schedule B if required
- b Tax-exempt interest. Do not include on line 8a
- 9 Ordinary dividends. Attach Schedule B if required
- 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24)
- 11 Alimony received
- 12 Business income or (loss). Attach Schedule C or C-EZ
- 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐
- 14 Other gains or (losses). Attach Form 4797
- 15a IRA distributions
- 16a Pensions and annuities
- 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
- 18 Farm income or (loss). Attach Schedule F
- 19 Unemployment compensation
- 20a Social security benefits
- 21 Other income. List type and amount (see page 29)
- 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶

7	36988
8a	
9	
10	
11	
12	
13	
14	
15b	
16b	
17	
18	
19	
20b	
21	
22	36988
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33a	
34	
35	36988

Adjusted Gross Income

- 23 Educator expenses (see page 29)
- 24 IRA deduction (see page 29)
- 25 Student loan interest deduction (see page 31)
- 26 Tuition and fees deduction (see page 32)
- 27 Archer MSA deduction. Attach Form 8853
- 28 Moving expenses. Attach Form 3903
- 29 One-half of self-employment tax. Attach Schedule SE
- 30 Self-employed health insurance deduction (see page 33)
- 31 Self-employed SEP, SIMPLE, and qualified plans
- 32 Penalty on early withdrawal of savings
- 33a Alimony paid b Recipient's SSN ▶
- 34 Add lines 23 through 33a
- 35 Subtract line 34 from line 22. This is your adjusted gross income ▶

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 76.

Cat. No. 12600W.

Form 1040 (2002)

SLOAN 0013

Apr 21 07 01:59p

1 Stop Shipping Shop

513-423-9488

P.25

CONFIDENTIAL

Form 1040 (2002)

Page 2

Tax and Credits**Standard Deduction for—**

• People who checked any box on line 37a or 37b or who can be claimed as a dependent, see page 34.

• All others:

Single,

\$4,700

Head of household,

\$6,900

Married filing jointly or

Qualifying widow(er),

\$7,850

Married filing separately,

\$3,925

- 36 Amount from line 35 (adjusted gross income) 36 **36988**
- 37a Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 37a
- b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 34 and check here ▶ 37b ☐
- 38 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 38 **7850**
- 39 Subtract line 38 from line 36 39 **29138**
- 40 If line 36 is \$103,000 or less, multiply \$3,000 by the total number of exemptions claimed on line 6d. If line 36 is over \$103,000, see the worksheet on page 35 40 **9000**
- 41 Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0- 41 **20138**
- 42 Tax (see page 36). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972 42 **2419**
- 43 Alternative minimum tax (see page 37). Attach Form 6251 43
- 44 Add lines 42 and 43 44 **2419**
- 45 Foreign tax credit. Attach Form 1116 if required 45
- 46 Credit for child and dependent care expenses. Attach Form 2441 46 **480**
- 47 Credit for the elderly or the disabled. Attach Schedule R 47
- 48 Education credits. Attach Form 8863 48
- 49 Retirement savings contributions credit. Attach Form 8880 49
- 50 Child tax credit (see page 39) 50 **400**
- 51 Adoption credit. Attach Form 8839 51
- 52 Credits from: a ☐ Form 8396 b ☐ Form 8859 52
- 53 Other credits. Check applicable box(es): a ☐ Form 3800 b ☐ Form 8801 c ☐ Specify 53
- 54 Add lines 45 through 53. These are your total credits 54 **1080**
- 55 Subtract line 54 from line 44. If line 54 is more than line 44, enter -0- 55 **1339**

Other Taxes

- 56 Self-employment tax. Attach Schedule SE 56
- 57 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 57
- 58 Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required 58
- 59 Advance earned income credit payments from Form(s) W-2 59
- 60 Household employment taxes. Attach Schedule H 60
- 61 Add lines 55 through 60. This is your total tax 61 **1339**

Payments

If you have a qualifying child, attach Schedule EIC.

- 62 Federal income tax withheld from Forms W-2 and 1099 62 **2239**
- 63 2002 estimated tax payments and amount applied from 2001 return 63
- 64 Earned income credit (EIC) 64
- 65 Excess social security and tier 1 RRTA tax withheld (see page 56) 65
- 66 Additional child tax credit. Attach Form 8812 66
- 67 Amount paid with request for extension to file (see page 56) 67
- 68 Other payments from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885 68
- 69 Add lines 62 through 68. These are your total payments 69 **2239**

Refund

Direct deposit? See page 56 and fill in 71b, 71c, and 71d.

- 70 If line 69 is more than line 61, subtract line 61 from line 69. This is the amount you overpaid 70 **900**
- 71a Amount of line 70 you want refunded to you 71a **900**
- b Routing number c Type: ☒ Checking ☐ Savings
- d Account number
- 72 Amount of line 70 you want applied to your 2003 estimated tax 72

Amount You Owe

- 73 Amount you owe. Subtract line 69 from line 61. For details on how to pay, see page 57 73
- 74 Estimated tax penalty (see page 57) 74

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 58)? ☐ Yes. Complete the following. ☒ No

Designee's name ▶

Phone no. ▶ ()

Personal identification number (PIN) ▶

Sign Here

Joint return? See page 21. Keep a copy for your records.

Your signature

Date

Your occupation

Daytime phone number

Spouse's signature (if a joint return, both must sign).

Date

Spouse's occupation

Preparer's signature ▶

Date

Check if self-employed ☐

Preparer's SSN or PTIN

Paid Preparer's Use Only

Firm's name (or yours if self-employed), address, and ZIP code ▶

EIN

Phone no. ()

SLOAN 0014
BERT V. AK STEEL

Apr 21 07 01:59p 1 Stop Shipping Shop

513-423-9488

p.26

CONFIDENTIAL

EMPLOYEE W-2 WAGE SUMMARY 2002

0043-1124 000200

OHIO HERITAGE MORTGAGE
CORPORATION
7151 DIXIE HIGHWAY
FAIRFIELD OH 45014

The chart below indicates your 2002 voluntary payroll adjustments which are included (+), excluded (-), or did not affect (N/A) your federal wages (Box 1) and state wages.

VOLUNTARY ADJUSTMENTS	YTD AMOUNT	FEDERAL WAGES	OH WAGES
MISC DRAW	2005.01	N/A	N/A

FEDERAL WITHHOLDING EXEMPTIONS M 3
OH WITHHOLDING EXEMPTIONS M 3

REGULAR WAGES FOR 2002 7430.17

RONALD E SLOAN
206-2A WEBSTER ST
MIDDLETOWN OH 45042

03001

PAYROLLS BY **PAYCHEX**

Form W-2 Wage and Tax Statement 2002

Copy C, for employees records

a Control number 0043-1124 000076-000200		Void	c Employer's name, address, and ZIP code OHIO HERITAGE MORTGAGE CORPORATION 7151 DIXIE HIGHWAY FAIRFIELD OH 45014		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer's identification number 31-1505659		d Employer's social security number		1 Wages, tips, other compensation 7430.17		2 Federal income tax withheld 773.52
13 Statutory employee	14 Other			3 Social security wages 7430.17	4 Social security tax withheld 460.67	
12 See instrs. for Box 12		e Employee's name, address, and ZIP code RONALD E SLOAN 206-2A WEBSTER ST MIDDLETOWN OH 45042		5 Medicare wages and tips 7430.17	6 Medicare tax withheld 107.75	
				7 Social security tips	8 Allocated tips	
				9 Advance EIC payment	10 Dependent care benefits	
				11 Nonqualified plans		
15 State	Employer's state I.D. No. OH 52-411163 0	16 State wages, tips, etc. 7430.17	17 State income tax 255.18	18 Local wages, tips, etc. 7430.17	19 Local income tax 130.04	20 Locality name OH CNTRY

This information is being furnished to the Internal Revenue Service

Form W-2 Wage and Tax Statement 2002		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)		1 Wages, tips, other compensation 9530.09	
c Employer's name, address, and ZIP code GHRI, INC. P.O. BOX 593330 ORLANDO FL 32859		7 Social security tips 2016.60	2 Federal income tax withheld 8.55
e Employee's name, address, and ZIP code RONALD E SLOAN 206-2A WEBSTER ST MIDDLETOWN OH 45042		3 Social security wages 7513.49	4 Social security tax withheld 590.82
b Employer identification number 59-1219168		5 Medicare wages and tips 9530.09	6 Medicare tax withheld 138.18
d Employer's social security number		9 Advance EIC payment	10 Dependent care benefits
15 State		11 Nonqualified plans	12a See instructions for box 12
Employer's state ID number 513354290		12b	13 Statutory employee
16 State wages, tips, etc. 9530.09		14 Other	15 State
17 State income tax 116.43		16 State	17 State income tax
18 Local wages, tips, etc.		18 Local wages, tips, etc.	19 Local income tax
19 Local income tax		20 Locality name	20 Locality name

SLOAN 0015
AK STEEL

Apr 21 07 02:00p

1 Stop Shipping Shop

513-423-9488

p.27

CONFIDENTIAL

Form 1099-R		<input type="checkbox"/> CORRECTED (if checked)	OMB No. 1545-0047 2002
1 Gross distribution		2a Taxable amount	
722.85		722.85	
2b Taxable amount not determined	Total distribution		
<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			
PAYER'S name, street address, city, state, and ZIP code			
AMERICAN CENTURY SERVICES CORP FOR THE P&G PROFIT SHARING TRUST & EMPLOYEE STOCK OWNERSHIP PLAN PO BOX 419784 KANSAS CITY MO 64141-6784			
PAYER'S Federal identification number		RECIPIENT'S identification number	
43-6389220			
3 Capital gain (included in box 2a)	4 Federal income tax withheld	5 Employee contributions or insurance premiums	
0.00	144.57	0.00	
6 Net unrealized appreciation in employer's securities	7 Distribution code	8a Other	8b
0.00	1	0.00	
9a Your percentage of total distribution		9b Total employee contributions	
RECIPIENT'S name and street address (incl. apt. no.), city, state and ZIP code			
SLOAN JR, RONALD E 206-2A WEBSTER ST. MIDDLETOWN OH 45042			
Account number (optional)		10 State tax withheld	
		0.00	
11 State/Payer's state no.		12 State distribution	
OH 52504388 3			
13 Local tax withheld	14 Name of locality	15 Local distribution	

Copy C For Recipient's Records

Department of the Treasury
Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

SLOAN 0016
BERT V AK STEP

Apr 21 07 02:00p

1 Stop Shipping Shop

513-423-9488

P.28

CONFIDENTIAL

0021741 ☐ **CORRECTED (if checked)**

PAYER'S name, street address, city, state, ZIP code, and telephone no.

**AMERICAN CENTURY SERVICES CORP FOR
THE P&G PROFIT SHARING TRUST &
EMPLOYEE STOCK OWNERSHIP PLAN
PO BOX 419784
KANSAS CITY MO 64141-6748**

PAYER'S Federal identification number

43-6389220

RECIPIENT'S name, street address (incl. apt. no.), city, state, and ZIP code

**SLOAN JR, RONALD E
206-2A WEBSTER ST.
MIDDLETOWN OH 45042**

Account number (optional)

1-800-345-2345

Form 1099-DIV

16 - 0331690 (keep for your records)

1 Ordinary dividends \$ **0.61**

2a Total capital gain distr. \$ **0.00**

2b 28% rate gain \$ **0.00**

2c Qualified 5-year gain \$ **0.00**

2d Section 1202 gain \$ **0.00**

3 Non-taxable distributions \$ **0.00**

4 Federal income tax withheld \$ **0.00**

5 Investment expenses \$ **0.00**

6 Foreign tax paid \$ **0.00**

7 Foreign country or U.S. possession \$ **0.00**

8 Cash liquidation distr. \$ **0.00**

9 Non-cash liquidation distr. \$ **0.00**

OMB No. 1545-0110

Copy to recipient

1099-DIV

Dividends and Distributions

CALENDAR YEAR **2002**

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Department of the Treasury - Internal Revenue Service

SLOAN 0017

FBI V. AK STEEL

Apr 21 07 02:01p 1 Stop Shipping Shop

513-423-9488

P. 29

CONFIDENTIAL

Form **1040** Department of the Treasury—Internal Revenue Service **2003** (L) IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2003, or other tax year beginning 2003, ending 20 OMB No. 1545-0074

Label (See instructions on page 19.) Use the IRS label. Otherwise, please print or type.

Label HERE

Your first name and initial RONALD E. Last name SLOAN Your social security number _____

If a joint return, spouse's first name and initial TRICE S. Last name SLOAN Spouse's social security number _____

Home address (number and street). If you have a P.O. box, see page 19. Apt. no. 2A

206 WEBSTER STREET

City, town or post office, state, and ZIP code. If you have a foreign address, see page 19. MIDDLETOWN, OH 45042

Important! You must enter your SSN(s) above.

Filing Status Check only one box.

1 ☐ Single 4 ☐ Head of household (with qualifying person). (See page 20.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

5 ☐ Qualifying widow(er) with dependent child. (See page 20.)

Exemptions

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a

b ☒ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 21)
	<u>SLOAN</u>		<u>CHILD</u>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

No. of boxes checked on 6a and 6b 2

No. of children on 6c who:
 • lived with you
 • did not live with you due to divorce or separation (see page 21)
 Dependents on 6c not entered above
 Add numbers on lines above ▶ 3

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 49366

8a Taxable interest. Attach Schedule B if required 8a 2

b Tax-exempt interest. Do not include on line 8a 8b

9a Ordinary dividends. Attach Schedule B if required 9a

b Qualified dividends (see page 23) 9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) 10

11 Alimony received 11

12 Business income or (loss). Attach Schedule C or C-EZ 12

13a Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ 13a

b If box on 13a is checked, enter post-May 5 capital gain distributions 13b

14 Other gains or (losses). Attach Form 4797 14

15a IRA distributions 15a b Taxable amount (see page 25) 15b

16a Pensions and annuities 16a b Taxable amount (see page 25) 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17

18 Farm income or (loss). Attach Schedule F 18

19 Unemployment compensation 19

20a Social security benefits 20a b Taxable amount (see page 27) 20b

21 Other income. List type and amount (see page 27) 21

22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 49368

Adjusted Gross Income

23 Educator expenses (see page 29) 23

24 IRA deduction (see page 29) 24

25 Student loan interest deduction (see page 31) 25

26 Tuition and fees deduction (see page 32) 26

27 Moving expenses. Attach Form 3903 27

28 One-half of self-employment tax. Attach Schedule SE 28

29 Self-employed health insurance deduction (see page 33) 29

30 Self-employed SEP, SIMPLE, and qualified plans 30

31 Penalty on early withdrawal of savings 31

32a Alimony paid b Recipient's SSN ▶ 32a

33 Add lines 23 through 32a 33

34 Subtract line 33 from line 22. This is your adjusted gross income ▶ 34 49368

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 77. Cat. No. 12600W Form 1040 (2003)

SLOAN 0018
 DEPT. V AK STEEL

Apr 21 07 02:01p

1 Stop Shipping Shop

513-423-9488

p.30

CONFIDENTIAL

Form 1040 (2003)

Page 2

Tax and Credits**Standard Deduction for—**

• People who checked any box on line 36a or 36b or who can be claimed as a dependent, see page 34.

• All others:

Single or Married filing separately, \$4,750

Married filing jointly or Qualifying widow(er), \$9,500

Head of household, \$7,000

- 35 Amount from line 34 (adjusted gross income)
- 36a Check ☐ You were born before January 2, 1939, ☐ Blind. Total boxes if: ☐ Spouse was born before January 2, 1939, ☐ Blind. checked ☐ 36a
- b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 34 and check here ☐ 36b
- 37 Itemized deductions (from Schedule A) or your standard deduction (see left margin)
- 38 Subtract line 37 from line 35
- 39 If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed on line 6d. If line 35 is over \$104,625, see the worksheet on page 35
- 40 Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0-
- 41 Tax (see page 36). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972
- 42 Alternative minimum tax (see page 38). Attach Form 6251
- 43 Add lines 41 and 42
- 44 Foreign tax credit. Attach Form 1116 if required
- 45 Credit for child and dependent care expenses. Attach Form 2441
- 46 Credit for the elderly or the disabled. Attach Schedule R
- 47 Education credits. Attach Form 8863
- 48 Retirement savings contributions credit. Attach Form 8880
- 49 Child tax credit (see page 40)
- 50 Adoption credit. Attach Form 8839
- 51 Credits from: a ☐ Form 8396 b ☐ Form 8859
- 52 Other credits. Check applicable box(es): a ☐ Form 3800 b ☐ Form 8801 c ☐ Specify
- 53 Add lines 44 through 52. These are your total credits
- 54 Subtract line 53 from line 43. If line 53 is more than line 43, enter -0-

Other Taxes

- 55 Self-employment tax. Attach Schedule SE
- 56 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137
- 57 Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required
- 58 Advance earned income credit payments from Form(s) W-2
- 59 Household employment taxes. Attach Schedule H
- 60 Add lines 54 through 59. This is your total tax

Payments

If you have a qualifying child, attach Schedule EIC.

- 61 Federal income tax withheld from Forms W-2 and 1099
- 62 2003 estimated tax payments and amount applied from 2002 return
- 63 Earned income credit (EIC)
- 64 Excess social security and tier 1 RRTA tax withheld (see page 56)
- 65 Additional child tax credit. Attach Form 8812
- 66 Amount paid with request for extension to file (see page 56)
- 67 Other payments from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885
- 68 Add lines 61 through 67. These are your total payments

Refund

Direct deposit? See page 56 and fill in 70b, 70c, and 70d.

- 69 If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid
- 70a Amount of line 69 you want refunded to you
- b Routing number c Type: ☐ Checking ☐ Savings
- d Account number
- 71 Amount of line 69 you want applied to your 2004 estimated tax

Amount You Owe

- 72 Amount you owe. Subtract line 68 from line 60. For details on how to pay, see page 57
- 73 Estimated tax penalty (see page 58)

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 58)? ☐ Yes. Complete the following. ☐ No

Designee's name Phone no. Personal identification number (PIN)

Sign Here

Joint return? See page 20. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date 4/4/04 Your occupation LOAN OFFICER Daytime phone number (513)

Spouse's signature (if a joint return, both must sign) Date 4-4-04 Spouse's occupation RATE SPECIALIST

Preparer's signature Date Check if self-employed ☐ Preparer's SSN or PTIN

Paid Preparer's Use Only

Firm's name (or yours if self-employed), address, and ZIP code EIN Phone no.

SLOAN 0019
AK STEEL

Apr 21 07 02:02p

1 Stop Shipping Shop

513-423-9488

p. 31

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable & you fail to report it.

Copy C For EMPLOYEE'S RECORDS.
(See Notice to Employee).

2003 OMB No. 1545-0008	
a Control number 700	1 Wages, tips, other comp. 9462.65
b Employer ID number 31-1680524	2 Federal income tax withheld 520.00
	3 Social security wages 9462.65
	4 Social security tax withheld 586.68
	5 Medicare wages and tips 9462.65
	6 Medicare tax withheld 137.21

c Employer's name, address, and ZIP code

ACF MORTGAGE, LLC

1081 N. UNIVERSITY BLVD.
MIDDLETOWN, OH 45042

d Employee's social security number

e Employee's name, address, and ZIP code

RONALD E SLOAN

206 WEBSTER STREET 2A
MIDDLETOWN, OH 45042

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
13 Statutory employee	14 Other	12b Code
Retirement plan		12c Code
Third-party sick pay		12d Code
OH 52-528658	9462.65	281.35
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name
9462.65	141.96	MIDDLE

Form W-2 Wage and Tax Statement

39-1908847

Dept. of the Treasury - IRS

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable & you fail to report it.

Copy C For EMPLOYEE'S RECORD
(See Notice to Employee.)

2003 OMB No. 1545-0008	
a Control number 38	1 Wages, tips, other comp. 2913.78
b Employer ID number 31-1551507	2 Federal income tax withheld 180.65
	3 Social security wages 2863.78
	4 Social security tax withheld 180.65
	5 Medicare wages and tips 2913.78
	6 Medicare tax withheld 42.25

c Employer's name, address, and ZIP code

NUNY, INC.
PO BOX 411

FRANKLIN OH 45005

d Employee's social security number

e Employee's name, address, and ZIP code

RONALD G. SLOAN
206 2A WEBSTER ST
MIDDLETOWN OH 45042

7 Social security tips	8 Allocated tips	9 Advance EIC payment
50.00		
10 Dependent care benefits	11 Nonqualified plans	12a Code
13 Statutory employee	14 Other	12b Code
Retirement plan	CITY	12c Code
Third-party sick pay	43.73	12d Code
OH 52-448175	2913.78	18.20
15 State Emplr's state ID #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name
2913.78	43.73	FRANKLIN, OH

Form W-2 Wage and Tax Statement
DAA

Dept. of the Treasury - IRS

Department of the Treasury - Internal Revenue Service

W-2 Wage and Tax Statement 2003 OMB No. 1545-0008

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B.)

e Employer's name, address, and ZIP code GHRI, INC. P.O. BOX 593330 ORLANDO FL 32859		7 Social security tips 2309.72	8 Allocated tips	9 Advance EIC payment	10 Dependent care benefits	11 Nonqualified plans
f Employer's name, address, and ZIP code RONALD E SLOAN 206-2A WEBSTER ST MIDDLETOWN OH 45042		12a See instructions for box 12	12b	12c	12d	12e
g Employer's social security number 31-1551507		13 Statutory employee	14 Other	15 State Employer's state ID #	16 State wages, tips, etc.	17 State income tax
h OH 51335429		18 Local wages, tips, etc.	19 Local income tax	20 Locality name	21	
		22	23	24	25	26

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

SLOAN 0020
REPT AX AK ST

Apr 21 07 02:03p

1 Stop Shipping Shop

513-423-9488

P.32

CONFIDENTIAL

Department of the Treasury — Internal Revenue Service

Form **1040A** U.S. Individual Income Tax Return (99) **2004**

IRS Use Only — Do not write or staple in this space.

Label
(See instructions.)

Your first name and initial

Last name

OMB No. 1545-0085

Your social security number

Use the
IRS label.
Otherwise,
please print
or type.

RONALD

E SLOAN, JR

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

TRICA

S SLOAN

Home address (number and street). If you have a P.O. box, see instructions.

Apartment no.

206 WEBSTER STREET

2A

City, town or post office. If you have a foreign address, see instructions.

State ZIP code

MIDDLETOWN

OH 45042

▲ Important! ▲
You must enter your
SSN(s) above.Presidential
Election
Campaign
(See instructions.)

Note. Checking 'Yes' will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund?

You

Spouse

☐ Yes☒ No☐ Yes☒ NoFiling
status

1

☐ Single

4

☐ Head of household (with qualifying person). (See instructions.)

2

☒ Married filing jointly (even if only one had income)

If the qualifying person is a child but not your dependent,

3

☐ Married filing separately. Enter spouse's SSN above and

enter this child's name here ▶

full name here ▶

5

☐ Qualifying widow(er) with dependent child

(see instructions)

Check only
one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6aBoxes
checked on
6a and 6b

2

b ☒ Spouse

c Dependents:

(2) Dependent's
social security
number(3) Dependent's
relationship
to you(4) ☒ If
qualifying
child for
child tax
creditNo. of children
on 6c whom

• lived

with you

1

• did not

live with

you due to

divorce or

separation

Dependents

on 6c not

entered above

(1) First name Last name

SLOAN

Son

☒If more than six
dependents,
see instructions.

d Total number of exemptions claimed

Add numbers
on lines above ▶

3

Income

Attach Form(s)
W-2 here. Also
attach Form(s)
1099-R if tax
was withheld.

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 44,478.

8a Taxable interest. Attach Schedule 1 if required 8a

b Tax-exempt interest. Do not include on line 8a 8b

9a Ordinary dividends. Attach Schedule 1 if required 9a

b Qualified dividends (see instructions) 9b

10 Capital gain distributions (see instructions) 10

11a IRA distributions 11a 11b Taxable amount 11b

12a Pensions and annuities 12a 12b Taxable amount 12b

13 Unemployment compensation and Alaska

Permanent Fund dividends 13

14a Social security

benefits 14a 14b Taxable amount 14b

15 Add lines 7 through 14b (far right column). This is your total income 15 44,478.

If you did not
get a W-2,
see instructions.Enclose, but
do not attach,
any payment.Adjusted
gross
income

16 Educator expenses (see instructions) 16

17 IRA deduction (see instructions) 17

18 Student loan interest deduction (see instructions) 18

19 Tuition and fees deduction (see instructions) 19

20 Add lines 16 through 19. These are your total adjustments 20

21 Subtract line 20 from line 15. This is your adjusted gross income 21 44,478.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form 1040A (2004)

Apr 21 07 02:03p

1 Stop Shipping Shop

513-423-9488

P. 33

CONFIDENTIAL

Form 1040A (2004) RONALD E SLOAN, JR & TRICA S SLOAN

Page 2

Tax, credits, and payments**Standard Deduction for -**

- People who checked any box on line 23a or 23b or who can be claimed as a dependent, see instructions.

- All others: Single or Married filing separately, \$4,850

- Married filing jointly or Qualifying widow(er), \$9,700

- Head of Household, \$7,150

22 Enter the amount from line 21 (adjusted gross income) 22 44,478.

23a Check if: ☐ You were born before January 2, 1940, ☐ Blind ☐ Spouse was born before January 2, 1940, ☐ Blind Total boxes checked 23a

b If you are married filing separately and your spouse itemizes deductions, see instructions and check here 23b

24 Enter your standard deduction (see left margin) 24 9,700.

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 25 34,778.

26 If line 22 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 22 is over \$107,025, see the worksheet in the instructions 26 9,300.

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income 27 25,478.

28 Tax, including any alternative minimum tax (see instructions) 28 3,106.

29 Credit for child and dependent care expenses. Attach Schedule 2 29 600.

30 Credit for the elderly or the disabled. Attach Schedule 3 30

31 Education credits. Attach Form 8863 31

32 Retirement savings contributions credit. Attach Form 8880 32 86.

33 Child tax credit (see instructions) 33 1,000.

34 Adoption credit. Attach Form 8839 34

35 Add lines 29 through 34. These are your total credits 35 1,686.

36 Subtract line 35 from line 28. If line 35 is more than line 28, enter -0- 36 1,420.

37 Advance earned income credit payments from Form(s) W-2 37

38 Add lines 36 and 37. This is your total tax 38 1,420.

39 Federal income tax withheld from Forms W-2 and 1099 39 2,201.

40 2004 estimated tax payments and amount applied from 2003 return 40

41a Earned income credit (EIC) 41a

b Nontaxable combat pay election. 41b

42 Additional child tax credit. Attach Form 8812 42

43 Add lines 39, 40, 41a, and 42. These are your total payments 43 2,201.

Refund

44 If line 43 is more than line 38, subtract line 38 from line 43. This is the amount you overpaid 44 781.

45a Amount of line 44 you want refunded to you 45a 781.

Direct deposit? See instructions and fill in 45b, 45c, and 45d.

b Routing number XXXXXXXXXX c Type: ☐ Checking ☐ Savings

d Account number XXXXXXXXXXXXXXXXXXXX

46 Amount of line 44 you want applied to your 2005 estimated tax 46

Amount you owe

47 Amount you owe. Subtract line 43 from line 38. For details on how to pay, see instructions 47

48 Estimated tax penalty (see instructions) 48

Third party designeeDo you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Designee's name Phone no. Personal identification number (PIN)

Sign here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See instructions.

Your signature Date Your occupation Daytime phone number

Keep a copy for your records.

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Paid preparer's use only

Preparer's signature Date Check if self-employed Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code Self-Prepared EIN Phone no.

SLOAN 0022
BERT V. AK STEEL

Apr 21 07 02:04p

1 Stop Shipping Shop

513-423-9488

p.34

CONFIDENTIAL

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable & you fail to report it.

Copy C For EMPLOYEE'S RECORD (See Notice to Employee.)		2004	OMB No. 1545-0008
a Control number	1 Wages, tips, other comp.	2 Federal income tax withheld	
32	3267.48		
b Employer ID number	3 Social security wages	4 Social security tax withheld	
31-1551507	3267.48	202.58	
	5 Medicare wages and tips	6 Medicare tax withheld	
	3267.48	47.38	
c Employer's name, address, and ZIP code			
Nyny, Inc. PO BOX 411 FRANKLIN OH 45005			
d Employee's social security number			
e Employee's name, address, and ZIP code			
RONALD G. SLOAN 206 2A WEBSTER ST MIDDLETOWN OH 45042			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other	12b Code	
Retirement plan	CITY 49.03	12c Code	
Third-party sick pay		12d Code	
OH	52-448175	3267.48	21.41
15 State Empl.'s state ID. #	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
3267.48	49.03	FRANKLIN, OH	

Form W-2 Wage and Tax Statement
DAA

Dept. of the Treasury - IRS

SLOAN 0023
BERT V. AK STEEL

Apr 21 07 02:04p

1 Stop Shipping Shop

513-423-9488

p.35

CONFIDENTIAL

a Control number SLOAN		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	
b Employer identification number 31-0978329		1 Wages, tips, other compensation 1413.40		2 Federal income tax withheld 27.43	
c Employer's name, address, and ZIP code PEERLESS MILL INN 319 SOUTH 2ND ST MIAMISBURG, OH 45342 MONTGOMERY		3 Social security wages 361.31		4 Social security tax withheld 87.63	
		5 Medicare wages and tips 1413.40		6 Medicare tax withheld 20.50	
		7 Social security tips 1052.09		8 Allocated tips	
d Employee's social security number		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial RONALD E Last name SLOAN, JR 206-2A WEBSTER ST MIDDLETOWN, OH 45042		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code					
15 State OH	Employer's state ID number 51-575943	16 State wages, tips, etc. 1413.40	17 State income tax 24.02	18 Local wages, tips, etc.	19 Local income tax 24.74
					20 Locality name MIAMISBURG

Form **W-2** Wage and Tax Statement
 Copy C—For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B.)

2004

Department of the Treasury—Internal Revenue Service

Safe, accurate,
FAST! Use

b Employer identification number 59-1219168		12a See instructions for box 12		1 Wages, tips, other compensation 13414.21		2 Federal income tax withheld 43.95	
c Employer's name, address, and ZIP code GMRI, INC. P.O. BOX 593330 ORLANDO FL 32859		12b IS		3 Social security wages 8324.52		4 Social security tax withheld 831.68	
		12c IS		5 Medicare wages and tips 13414.21		6 Medicare tax withheld 194.51	
		12d IS		7 Social security tips 5089.69		8 Allocated tips	
		12e IS		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial 0231038 0038 RONALD E SLOAN 206-2A WEBSTER ST MIDDLETOWN OH 45042		Last name		11 Nonqualified plans		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
f Employee's address and ZIP code				14 Other			
15 State OH	Employer's state ID number 51335429	16 State wages, tips, etc. 13414.21	17 State income tax 184.15	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2004

Department of the Treasury—Internal Revenue Service

OMB # 1545-0008

Copy C for Employee's Records (See Notice to Employee on back.)

SLOAN 0024
BERT V. AK STEEL

SLOAN 0031
BERT V. AK STEEL